

Name
in
Full

Batharine Beauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Moanokine		County Somerset		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1906	March	13	74			
Sex	Fem.		Color or Race	White		Birth-place	Som. Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Edw. Beauchamp			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(64)		How long	
Immediate	Cerebral Apoplexy		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	G. W. Gill
		Address	Moanokine, Md.	
Accident or Suicide?				



L. W. Gandon

Gandonville

Ind

Name
in
Full

Frank Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alms House Princess Anne,</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>5</i>	Age	Years	Months	Days	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paranoid Condition (2)</i>	How long	<i>17 yrs.</i>
Immediate	<i>Anstrenia & Acidity</i>	How long	<i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Leah T. Fisher M.D.</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide?			



Irene Elsie Cannon

Town

County

Died at near Precious Anne Somerset MARYLAND

Date 19 06	Month March	Day 8	Age 2	Y. 8	M. D.	Native of Maryland	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of _____

Wife

Father's Name	John Keys	Mother's Maiden Name	Sarah Cannon
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Cause of Death	Primary	Pneumonia	How long sick 2 days
	Immediate	Toxaemia	

Reported by	Henry M. Lampford M.D.
Address	Precious Anne Md.

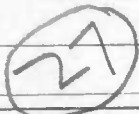
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Lucy V Ennis

CERTIFICATE OF DEATH

Died at <i>Reddworth</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>11</i>	Years <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>	Name of Wife Husband <i>Oscar Ennis</i>				
Father's Name <i>Lewis Lane</i>	Father's Birthplace <i>Va</i>		Mother's Birthplace		
Mother's Maiden Name			How related to deceased		
Name of person giving information					

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Two Years</i>
Immediate <i>Childbirth & Diarrhoea</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Hull</i>
	Address <i>Crisfield</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William J. Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

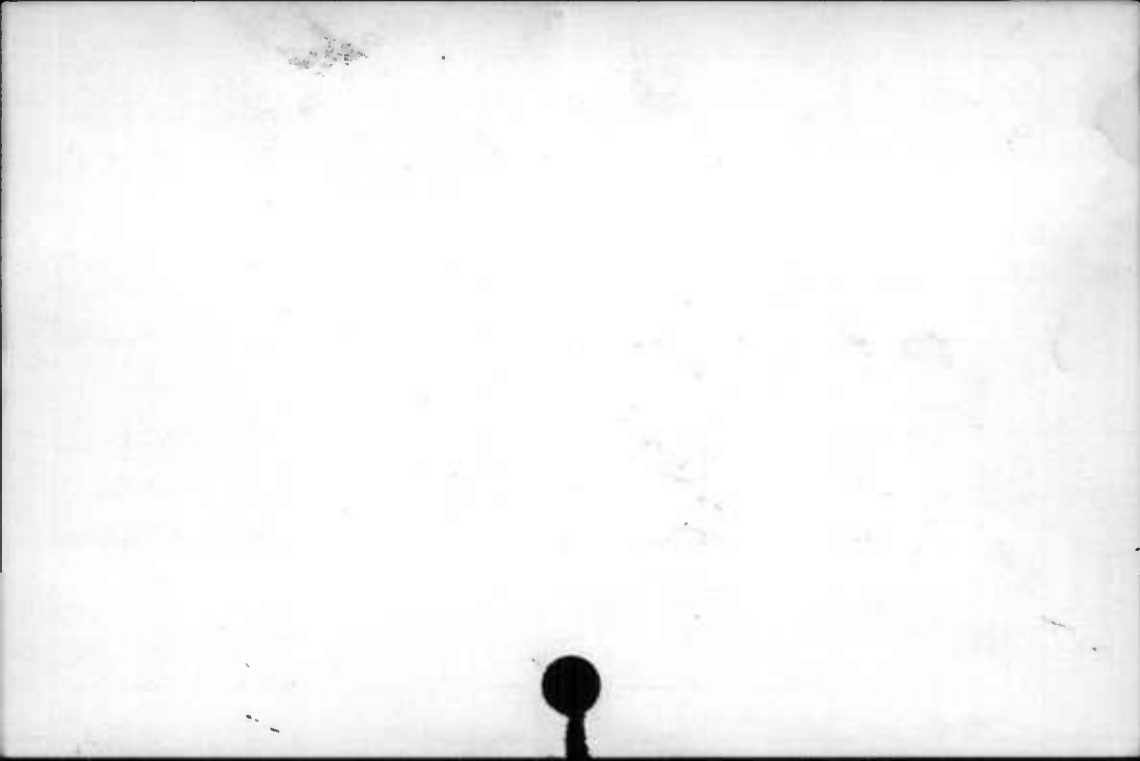
MARYLAND

Died at <i>Deal Island</i>		County <i>Somerset</i>			
Date of death <i>1906</i>	Month <i>March</i>	Day <i>20th</i>	Age <i>76</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Ship Carpenter</i>		Where Residing if not at place of death <i>Deal Island</i>			
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name <i>William Evans</i>		Father's Birthplace <i>Deal Island</i>			
Mother's Maiden Name <i>Sally Evans</i>		Mother's Birthplace <i>Deal Island</i>			
Name of person giving information <i>Douglas Evans Shores</i>		How related to deceased <i>Daughter</i>			

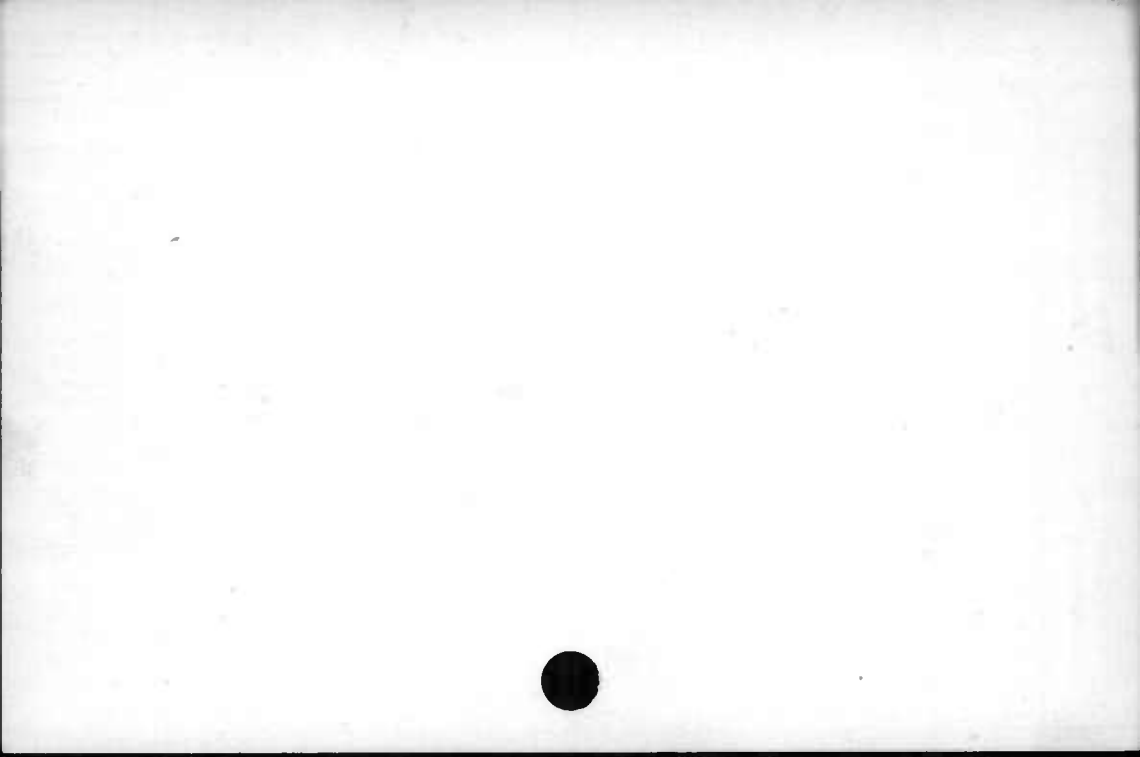
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage (Prolly) 30 min.</i>	
Immediate	<i>—</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. G. Alexander</i>
		Address <i>Somerset Co.</i>
Accident or Suicide?		



Name in Full		<i>Littleton Sandy</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND
	Date of death	1906	Month <i>March</i>	Day <i>11</i>	Age	Years	Months
	Sex	<i>male</i>		Color or Race	<i>Black</i>		Birth- place <i>Ind</i>
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
<div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<i>Tubercular Enteritis Peritonitis</i>			How long <i>About 6 mos</i>	
	Immediate		<i>Intestinal Haemorrhage from ulcer</i>			How long <i>About 15 mins.</i>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<i>Chas. T. Fisher, M.D.</i>	
	<i>Autopsy 3/12/06</i>			Address		<i>Princess Anne, Md.</i>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Accident or Suicide?</div>							



Name
in
Full

Daniel Webster Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princess Anne</i>			Town <i>Somerset</i>		County		MARYLAND						
Date of death <i>1906</i>		Month <i>July</i>		Day <i>25</i>		Age <i>—</i>		Years <i>—</i>		Months <i>6</i>		Days <i>14</i>	
Sex <i>Male</i>				Color or Race <i>Black</i>				Birth-place <i>Ma.</i>					
Occupation <i>—</i>						Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>						Name of Wife or Husband <i>—</i>							
Father's Name <i>Henry Jackson</i>						Father's Birthplace <i>Ma.</i>							
Mother's Maiden Name <i>George Carroll</i>						Mother's Birthplace <i>Ma.</i>							
Name of person giving information <i>Henry Jackson</i>						How related to deceased <i>Father</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>		How long <i>2 wks</i>	
Immediate <i>Asthma</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. T. Fisher, M.D.</i>	
		Address <i>Princess Anne, Md.</i>	
Accident or Suicide?			



Name
in
Full

Ada P. Jones

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at mt vernon

Somerset

Date

Month

Day

Years

Months

Days

of death 1906

3

Age

1

1

2

Sex

female

Color or
Race

colored

Birth-
place

mt vernon

Occupation

Where Residing If not
at place of death

mt vernon

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Ernest Jones

Father's
Birthplace

mt vernon

Mother's
Maiden Name

Virginia Waters

Mother's
Birthplace

mt vernon

Name of person giving
In formation

Ernest Jones

How related
to deceased

Father

CAUSES OF DEATH

Primary

Croup

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Chas Woshier

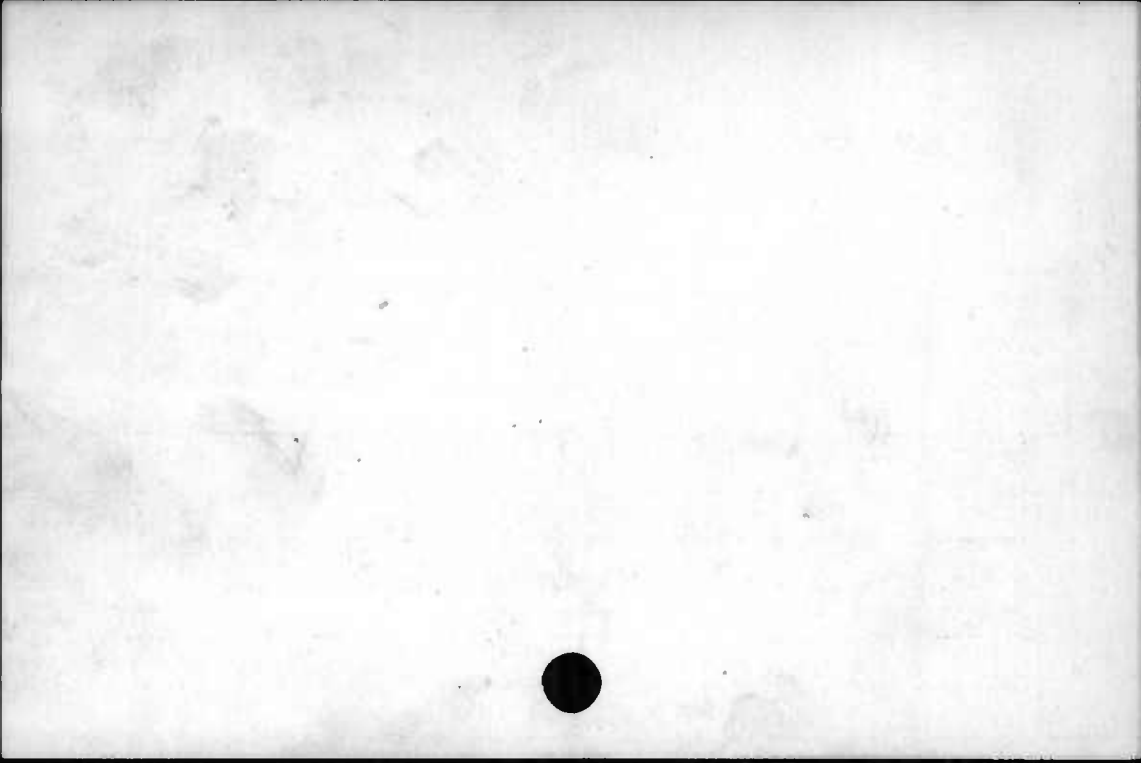
Undertaker
mt vernon md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

H. B. Marsh

Name in Full		Moris Jones				3/18/XVI		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Vernon		County Dorchester Co		MARYLAND		
	Date of death		1906	Month 3	Day 29	Age 45	Years 1	Months 17	Days
	Sex		Male		Color or Race		Colored		
	Occupation		Farmer		Where Residing if not at place of death		Mt Vernon		
	Married, Single or Widowed		Married		Name of Wife or Husband		Kate Jones		
	Father's Name		Moses Jones				Father's Birthplace		Mt Vernon
	Mother's Maiden Name		Lizzie Bird				Mother's Birthplace		Rocky Mountain
Name of person giving In formation		John Jones				How related to deceased		Brother	
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Paralysis				How long		2 week
	Immediate						How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Edw Oakfield
	Accident or Suicide?						Address		Mt. Vernon Md.



Name
in
Full

Elizabeth A. Milligan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Crisfield		Somerset					
Date of death	1906	Month	March	Day	7	Age	61
						Years	10
						Months	16
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
	Washington Milligan						
Father's Name	John Tull		Father's Birthplace		Md.		
Mother's Maiden Name	Jane Tull		Mother's Birthplace		"		
Name of person giving information	Washington Milligan		How related to deceased		Husband.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Causes of Death	How long	About 2 years
Immediate	General prostration	How long	about two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. N. Gentry M.D.
		Address	Crisfield Md.
Accident or Suicide?			



Name
in
Full

Elna Thomas Nutt

3/18/1906

CERTIFICATE OF DEATH

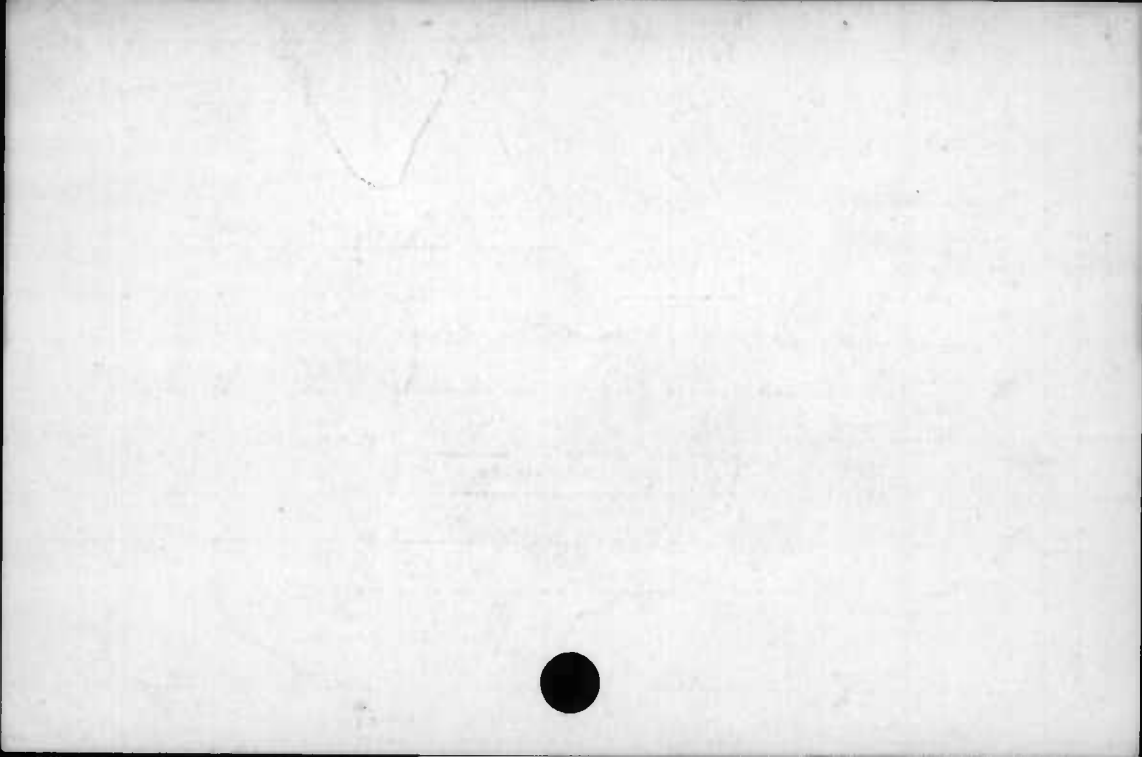
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Mar	26	1		8	
Sex		Color or Race		Birth-place			
Female		Colored		Pr Anne			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Baby				Emma Nutt			
Father's Name				Father's Birthplace			
Ephraim Nutt				Pr Anne			
Mother's Maiden Name				Mother's Birthplace			
Emma King				Pr Anne			
Name of person giving information				How related to deceased			
Emma Nutt				Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	James D. Dennis	How long
Immediate	Under Poison	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		Pr Anne
Accident or Suicide?		



Name
in
Full

David Sterling Somerset

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at <i>Crisfield</i> <small>Town</small>		<i>XX</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	<i>Mar</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Retired Sailor</i>				
Name of Wife or Husband <i>Don't know</i>					
Fether's Name <i>Don't know</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name			Mother's Birthplace <i>"</i>		
Name of person giving information <i>J. F. Somers</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	<i>(94)</i>	How long <i>6 mos</i>
Immediate <i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Somers</i>	Address <i>Crisfield</i>
Accident or Suicide? <i>No</i>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

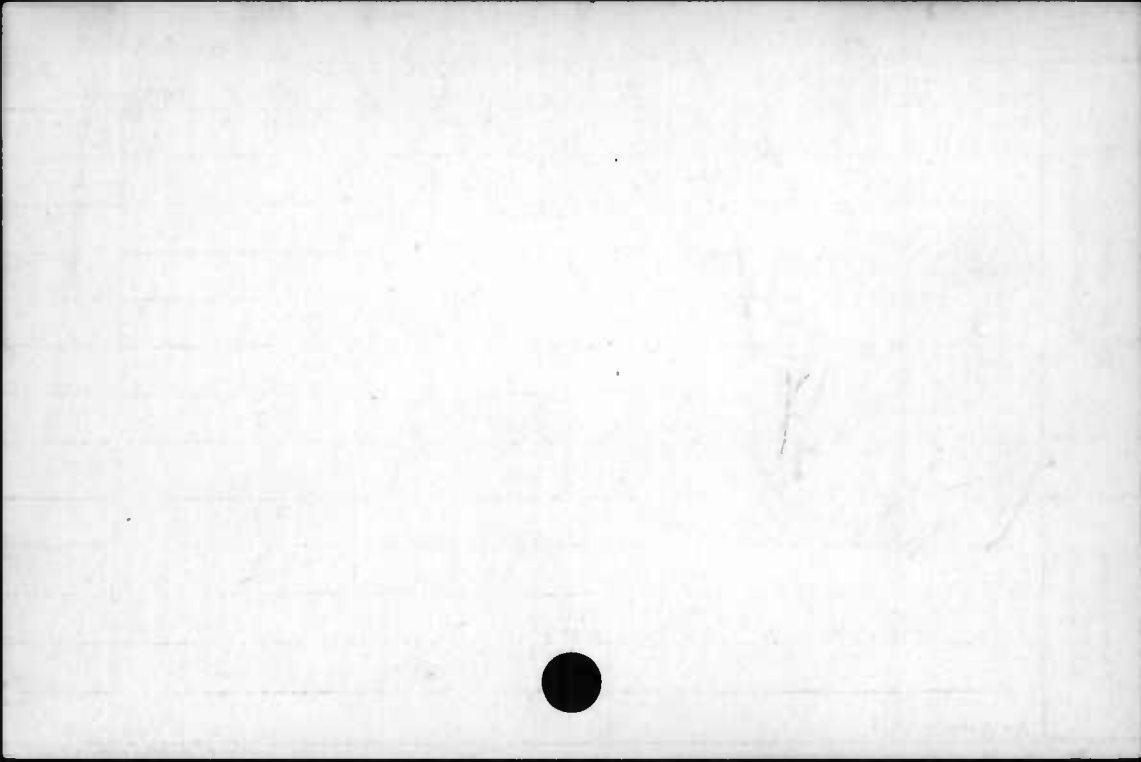
MARYLAND

Died at <i>Sauvonia</i>		Town		County <i>Somerset</i>	
Date of death 1906	Month <i>March</i>	Day <i>31</i>	Age	Years <i>53</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>		Days <i>—</i>
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Melissa</i>					
Father's Name <i>Christopher Sterling</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>J. S. Lawson</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Somers</i>
	Address <i>Bridgely Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Hester Faylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1906	Month	March	Day	19
Sex <i>Female</i>		Color or Race <i>Black</i>		Years	about 80
Occupation <i>Servant</i>		Birth-place		Months	Days
Where Residing if not at place of death		<i>Wicomico Co</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		<i>Horace Williams</i>		How related to deceased <i>None</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>One week</i>
Immediate	<i>---</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>---</i>		Signature of Physician <i>G. E. Dickinson</i>	
		Address <i>Upper Fairmount Md.</i>	
Accident or Suicide?			

Love W. H. Hardy

Name
in
Full

Samuel L. Tull

CERTIFICATE OF DEATH

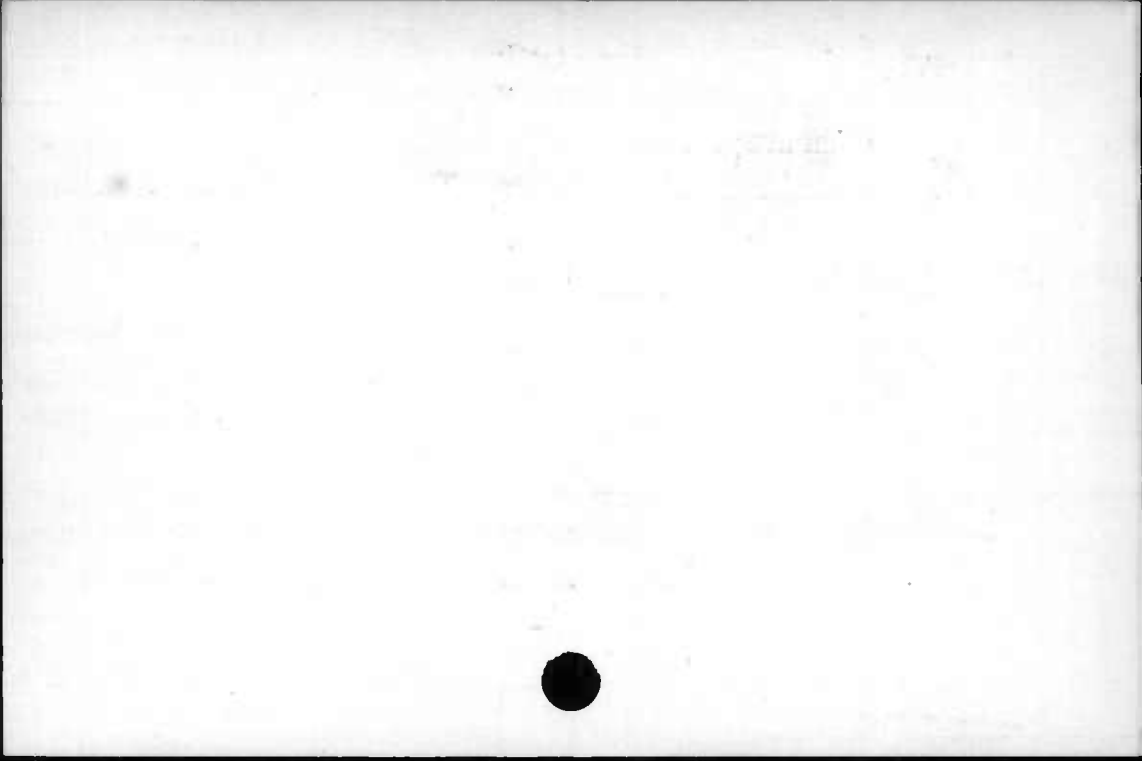
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tull's Corner</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>25</i>	Age <i>80</i>	Months <i>1</i> Days <i>25</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Marion Md</i>		
Occupation <i>Retired Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband			
Father's Name <i>Samuel Tull</i>			Father's Birthplace <i>Marion Md</i>		
Mother's Maiden Name <i>Caroline Miller</i>			Mother's Birthplace <i>Marion Md</i>		
Name of person giving information <i>Elisha J. Gunby</i>			How related to deceased <i>Brother in law</i>		

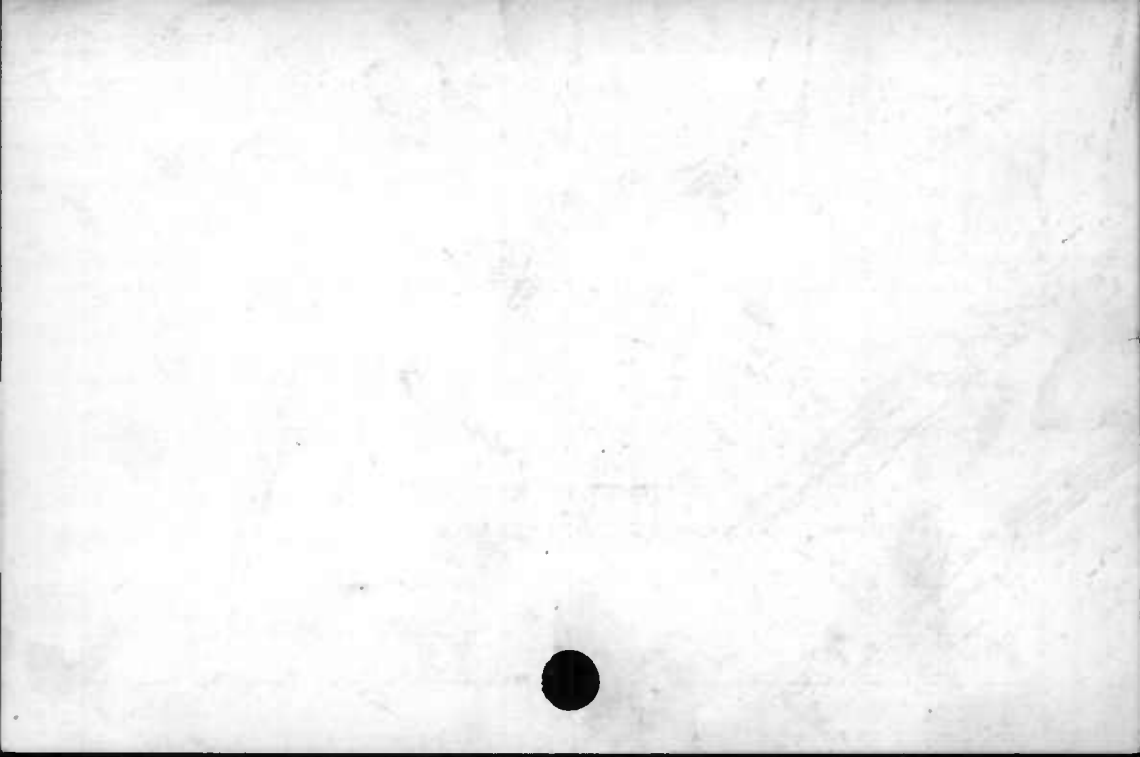
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Hull</i>	
		Address <i>Windsfield Md</i>	
Accident or Suicide?			



Name in Full		MARGARET THOMAS HECHTER				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Reeds Bluffs		County		MARYLAND	
	Date of death	1906	Month	March	Day	12	Age	47
	Sex	Female	Color or Race	White	Birthplace	Reeds Island	Months	7
	Occupation	Night Housekeeping		Where residing if not at place of death		Reeds Island		
	Married, Single or Widowed	Married		Name of Wife or Husband		Edmund H. Hechter		
	Father's Name	Robert Thompson				Father's Birthplace	Reeds Island	
	Mother's Maiden Name	Margaret Thompson				Mother's Birthplace	Reeds Island	
Name of person giving information	Mabel Webster				How related to deceased	Daughter		
PHYSICIAN OR CORONER	CAUSE OF DEATH							
	Primary	Pneumonia, tubercular				How long	5 years	
	Immediate	Aspiration				How long	5 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
				R. G. Alexander				
				Baltimore Co.				
				Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John R Wise</i>		Town <i>Oriole</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Oriole</i>		Month <i>March</i>		Day <i>28</i>		Years <i>73</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Oriole</i>					
Married, Single Widowed		Name of Wife or Husband <i>Annie Wise</i>					
Father's Name <i>William Wise</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>John R Wise</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>79</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. S. S. M.D.</i>
	Address <i>Princess Anne</i>
Accident or Suicide? <i>No</i>	<i>Med</i>

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 310
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 103
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Dr. J. J. J. J.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County			
Date of death		Month	Day	Years	Months	Days	
1906		March	3	Age 48			
Sex	Male	Color or Race	Black		Birth place	Dumfries	
Occupation	Catholic Church		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Priscilla Wise		
Father's Name	Dont know				Father's Birthplace		
Mother's Maiden Name	Dont know				Mother's Birthplace		
Name of person giving information	Priscilla Wise				How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

How long

How long

Signature of Physician

Address

